

L12000090308

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FILED  
17 MAY 31 AM 7:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** COASTLINE VOLLEYBALL CLUB, LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MATTHEW MCELHINEY

\_\_\_\_\_  
Name of Person

COASTLINE VOLLEYBALL CLUB, LLC

\_\_\_\_\_  
Firm/Company

7819 48TH PL E

\_\_\_\_\_  
Address

BRADENTON, FL 34203

\_\_\_\_\_  
City/State and Zip Code

PIRATEVBALL@GMAIL.COM

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MATTHEW MCELHINEY

941 962-4859  
at ( )

\_\_\_\_\_  
Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|--|--|--|--|

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

COASTLINE VOLLEYBALL CLUB, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 4/20/17 and assigned  
Florida document number L12000090308.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

WAVE ATHLETICS, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

8161 25TH CT E

**(Principal office address MUST BE A STREET ADDRESS)**

SARASOTA, FL 34243

**Enter new mailing address, if applicable:**

7819 48TH PL E

**(Mailing address MAY BE A POST OFFICE BOX)**

BRADENTON PL E

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

MATTHEW MCELHINEY

New Registered Office Address:

8161 25TH CT E

*Enter Florida street address*

SARASOTA

*City*

, Florida

34243

*Zip Code*

**New Registered Agent's Signature, if changing Registered Agent:**

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

  
\_\_\_\_\_  
If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
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_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

ALL INFORMATION STAYS SAME EXCEPT NAME AND PRINCIPAL ADDRESS

COASTLINE VOLLEYBALL CLUB IS CHANGING TO WAVE ATHLETICS

Keep our DBA of Wave Volleyball Alliance

WE ARE CHANGING OUR PRINCIPAL ADDRESS FROM

7819 48TH PL E , BRADENTON, FL 34203 TO 8161 25T CT E, SARASOTA FL 34243

17 MAY 31 AM 7:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

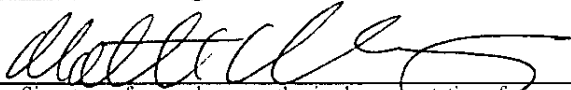
**E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)**

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:  
(b) The 90th day after the record is filed.

Dated May 23rd, 2017.



Signature of a member or authorized representative of a member

Matthew McElhiney

Typed or printed name of signee